



Current Status of Children's Mental Health

February 3, 2022
House Education Finance Committee

Ten Minnesota Commitments to Equity

1. Prioritize equity.
2. Start from within.
3. Measure what matters.
4. Go local.
5. Follow the money.
6. Start early.
7. Monitor implementation of standards.
8. Value people.
9. Improve conditions for learning.
10. Give students options.



Topics in Children's Mental Health

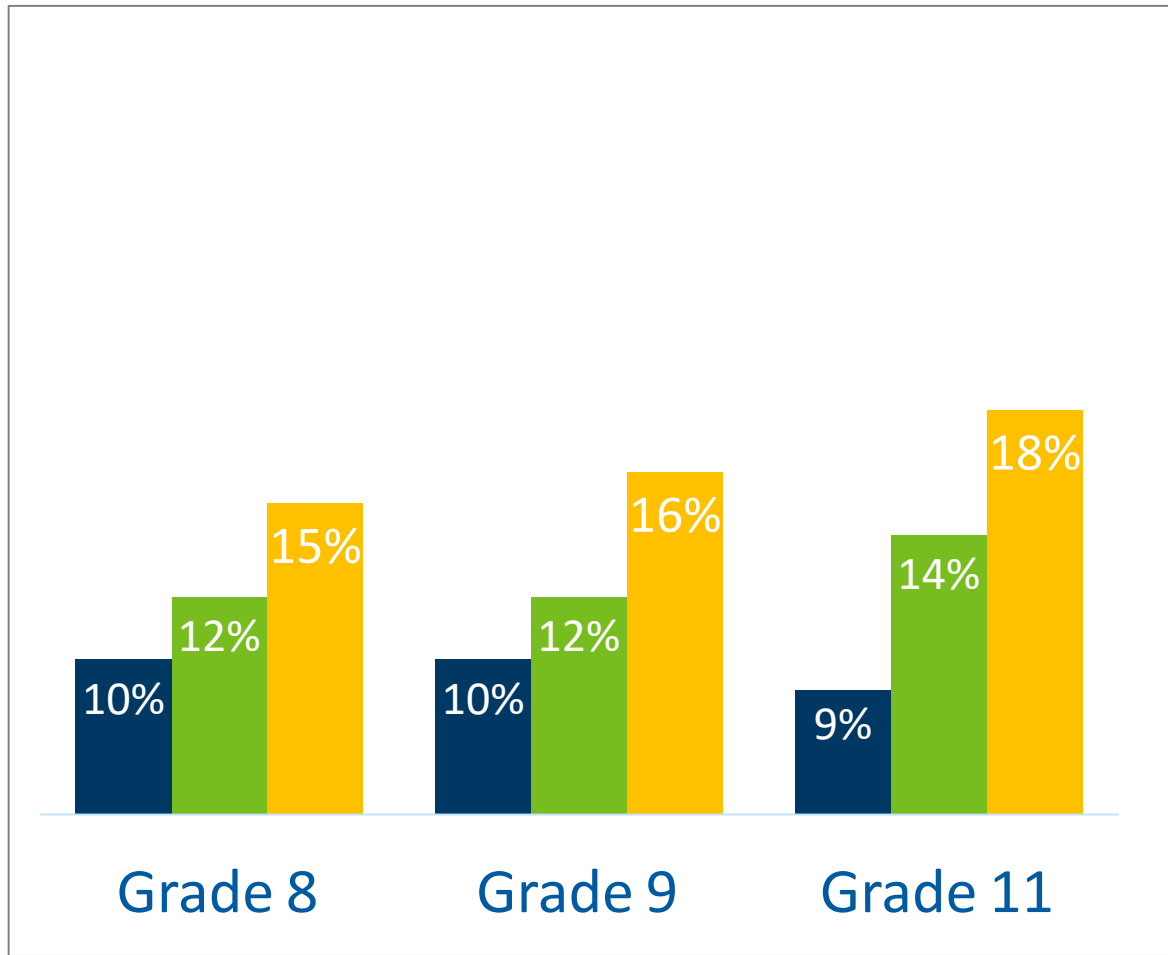
- Status of Child and Adolescent Mental Health
- Student Support Personnel in Minnesota
- Workforce Pipeline
- School-Linked Behavioral Health Services
- MnMTSS
- Governors Proposals and Other Efforts

Current Status of Children's Mental Health

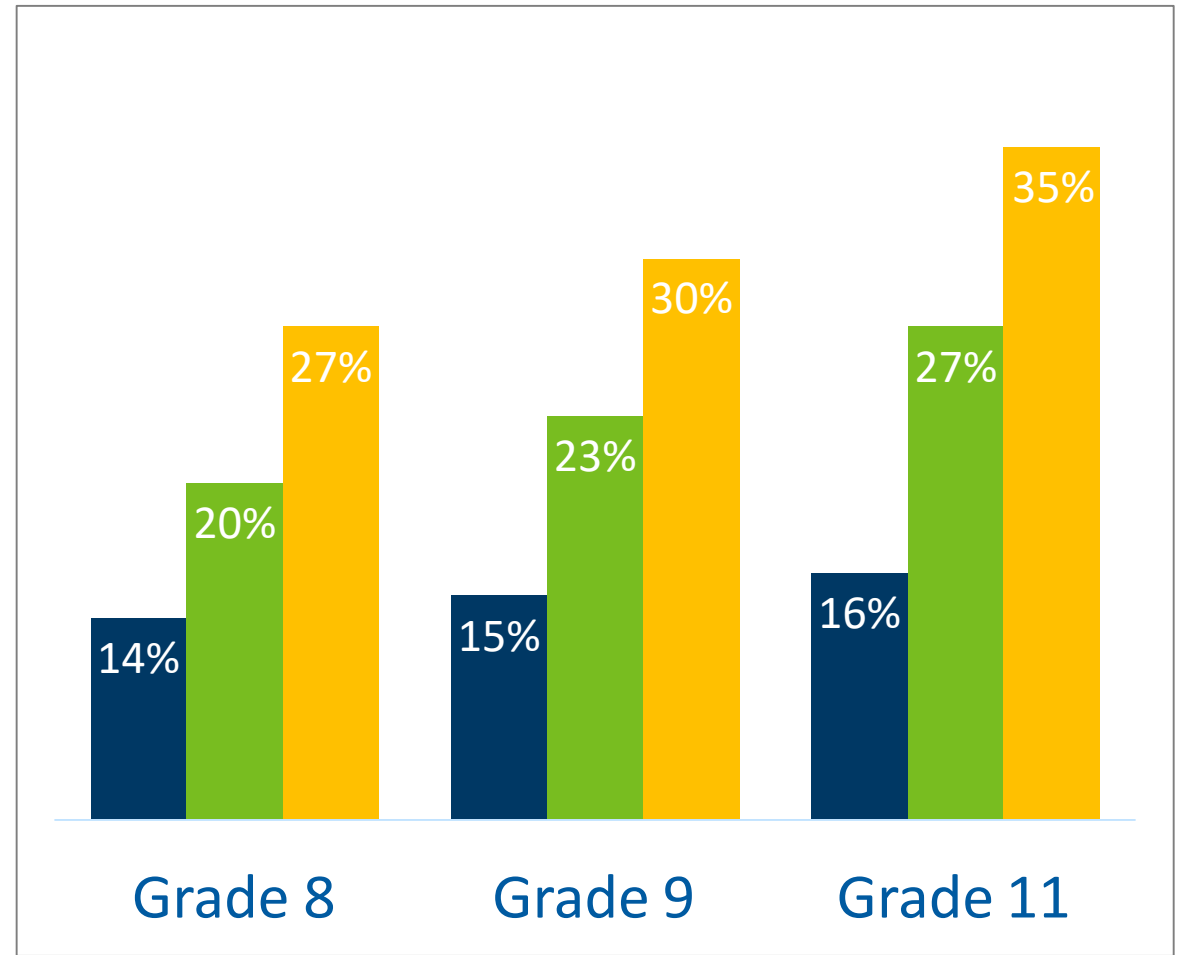
Prevalence of Child and Adolescent Mental Health Concerns

- Each year **1 in 6** children aged **2 – 8** have a diagnosed mental health disorder
- Suicide is the **2nd** leading cause of death among people age 10-34
- According to MDH, **Minnesota has a higher rate of suicide** among youth aged 11 – 18
- 55.4% of Minnesota youth with major depression, 32,000 adolescents, did not have access to mental healthcare in 2020 (MHA)
- School principals in MN report student mental health needs as one of their biggest challenges
- **According to the 2019 Minnesota Student Survey: Mental health rates increased for all grades and genders**

Female students are twice as likely as male students to report long-term mental health problem (2019)

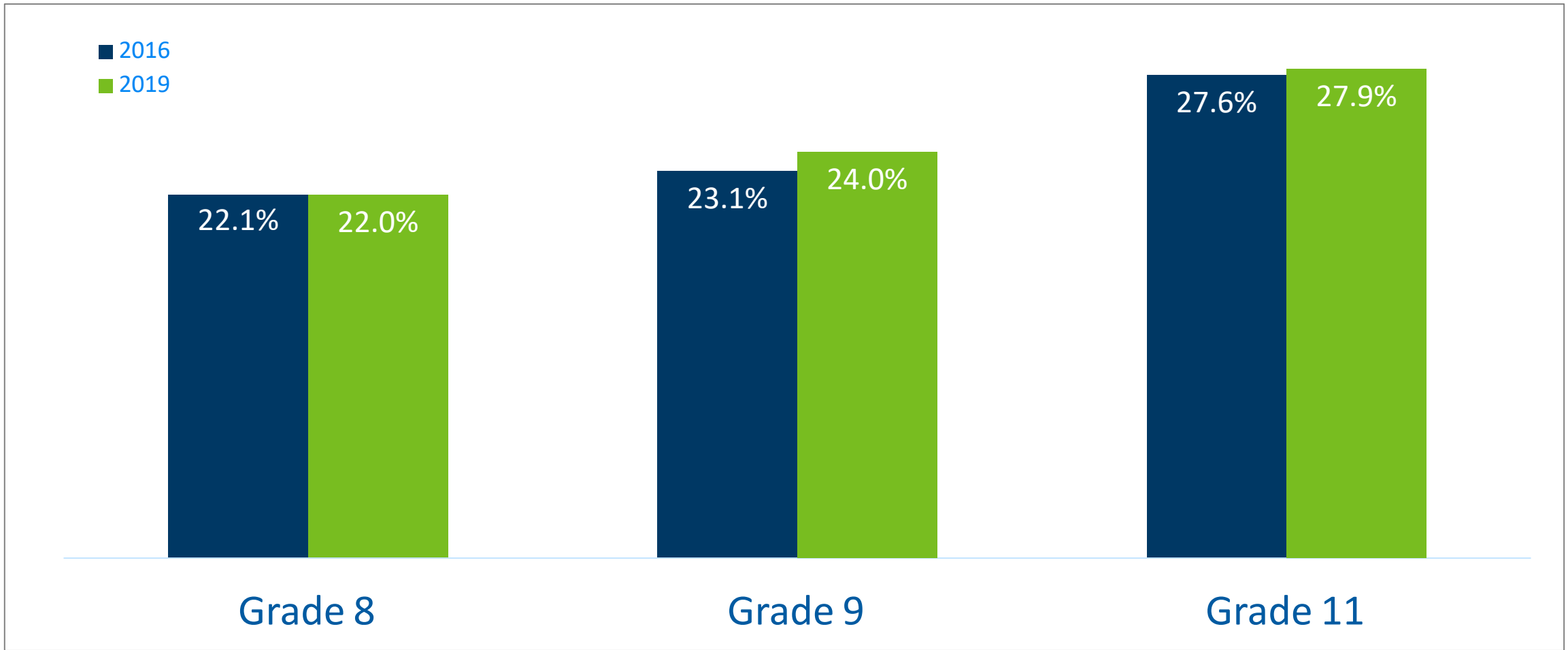


Male Students



Female Students

“Several times in the last two weeks, I’ve felt down, depressed or hopeless.”



Effects of COVID on Youth Mental Health

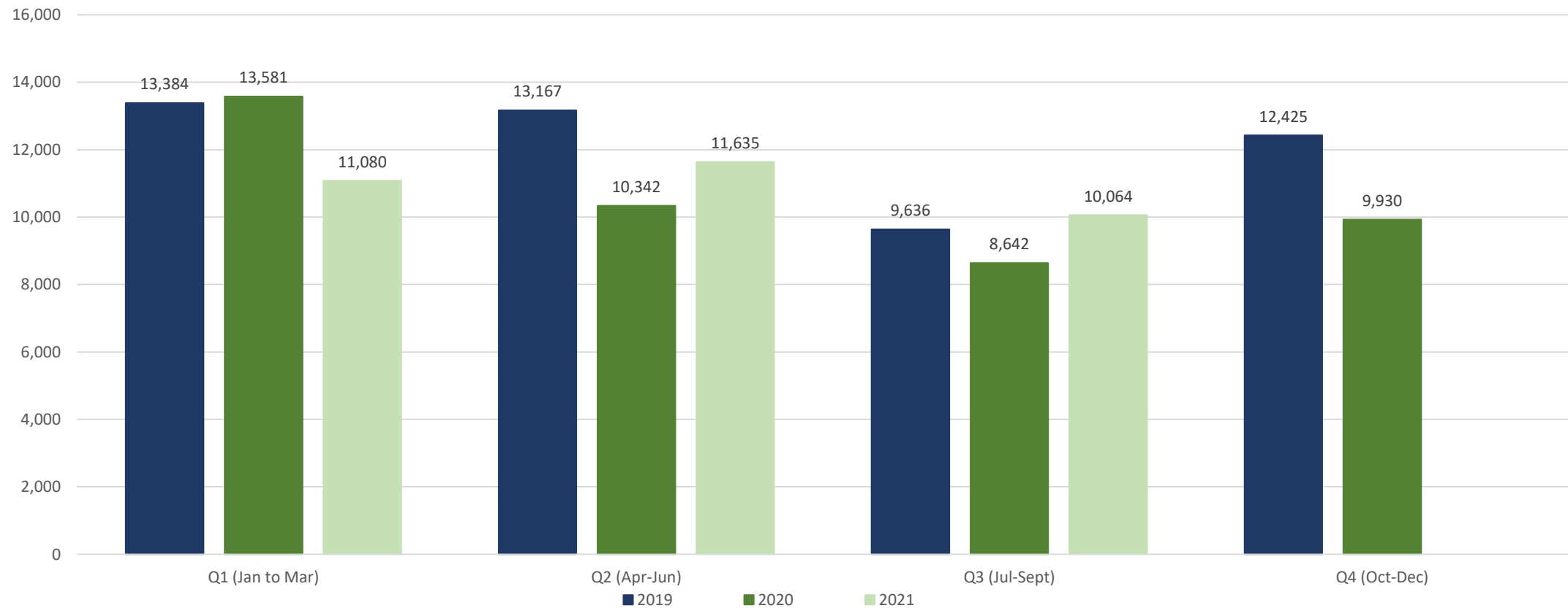
- U.S. Surgeon General Issues Advisory on Youth Mental Health Crisis Further Exposed by COVID-19 Pandemic in December 2021, warned that “the pandemic has had dire mental health impacts on American youth”.
- JAMA Pediatrics analysis of 36 studies, over 80,000 youth found widespread anxiety and depression among those 19 and younger, exacerbated by greater screen time and less physical activity, and coupled with fewer adult supports to ensure children stayed out of dangerous situation (2022).

COVID Impact: School Linked Behavioral Health

- More students/families are seeking school behavioral health services
 - The current “wait list” for treatment is approximately 800 students compared to the 200 students on waitlists pre-COVID.
 - Wait list is further impacted by the provider work force shortage
 - Statewide approximately 6% fewer youth accessed services
 - Youth of color experienced a disproportionate decrease in access
 - 13% fewer Hispanic or Latinx youth accessed mental health supports

COVID Impact: Students receiving mental health supports

Number of Students Receiving School-Linked Services



Impact of Unmet Mental Health Needs

- High school students with significant symptoms of depression are more than **twice as likely** to drop out of school compared to their peers
- Unmet emotional needs impact child/adolescent's ability to function successfully in school:
 - Ability to learn
 - Concentration
 - Decision Making
 - Physical Health
 - Ability to develop healthy relationships with others
 - Increased anxiety
 - Loss of self-esteem

Student Support Personnel in Minnesota

Staffing Ratios

Many areas of Minnesota entirely lack or have insufficient numbers of mental health professionals, especially those with experience in treating children and adolescents, to meet the growing needs.

2019 Staff to Student Ratios

Student Support Personnel	Minnesota	National Recommendation
School Counselors	1:792	1:250
School Social Workers	1:407	1:250
School Psychologists	1:1,700	1:500

Student Support Personnel

- School Support Personnel: an individual licensed to serve as a school counselor, school psychologist, school social worker, school nurse, or chemical dependency counselor in Minnesota.

Workforce Pipeline

Workforce Challenges

The pipeline for mental health professionals also remains a concern. Broadly speaking, two factors determine the supply of mental health providers:

- (1) the size of the pipeline and
- (2) the rate at which graduates become licensed.

Challenges cont.

- As of 2015, Minnesota employed an estimated 22,630 workers in mental health-related occupations, including both licensed and non-licensed employees.
- In just eight years—from July 2006 to June 2014—Minnesota colleges and universities produced nearly half that number of graduates (9,851) in the mental health-related programs.
- Of these 9,851 Minnesota graduates, only half (49.1%) obtained a mental health professional or practitioner license.

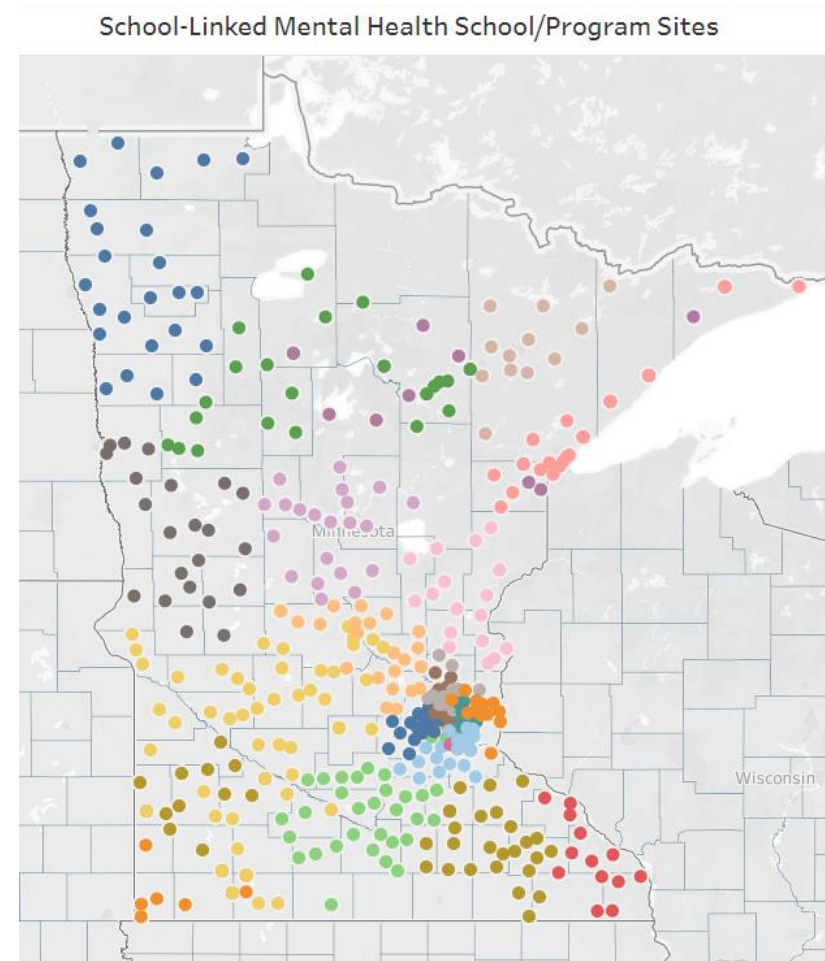
Challenges cont.

- To be licensed in Minnesota, students must attain 4,000 supervised hours (approximately two years), and the supervision hours are not reimbursed for the supervisors.
- The out-of-pocket expenses for supervision to attain their licenses is a significant barrier for students, especially Black, Indigenous, or People of Color (BIPOC).

School Linked Behavioral Health Services

SLBH Grant Program

- School-Linked Behavioral Health grants from DHS connect or co-locate effective mental health services in schools.
- Currently 57 mental health providers are funded, providing services to over 50% of Minnesota schools.



SLBH Pilot Efforts to Support Educators

- Provide increased support to teachers for their Mental Health
 - “Drop-in” consults for school staff to meet with Relate therapist
 - Presentations for school staff re: supporting students mental health
 - Support groups to teachers
- Provide self-care and compassion fatigue training to education staff in partner school districts
- Teacher consultation: dedicated office hours for teacher drop in time
- Reflective consultation: after school hours; voluntary

Challenges to Expand Educator Wellbeing

- Create additional opportunities to support our educators:
 - Increasing prep time for educators to allow for planning, reflection and professional development
 - Ensure staff are working at the top of their license
 - Create sustained funding for reflective consultation in schools, with school staff, beyond pilot programs

MTSS

NEW Minnesota Multi-Tiered System of Support

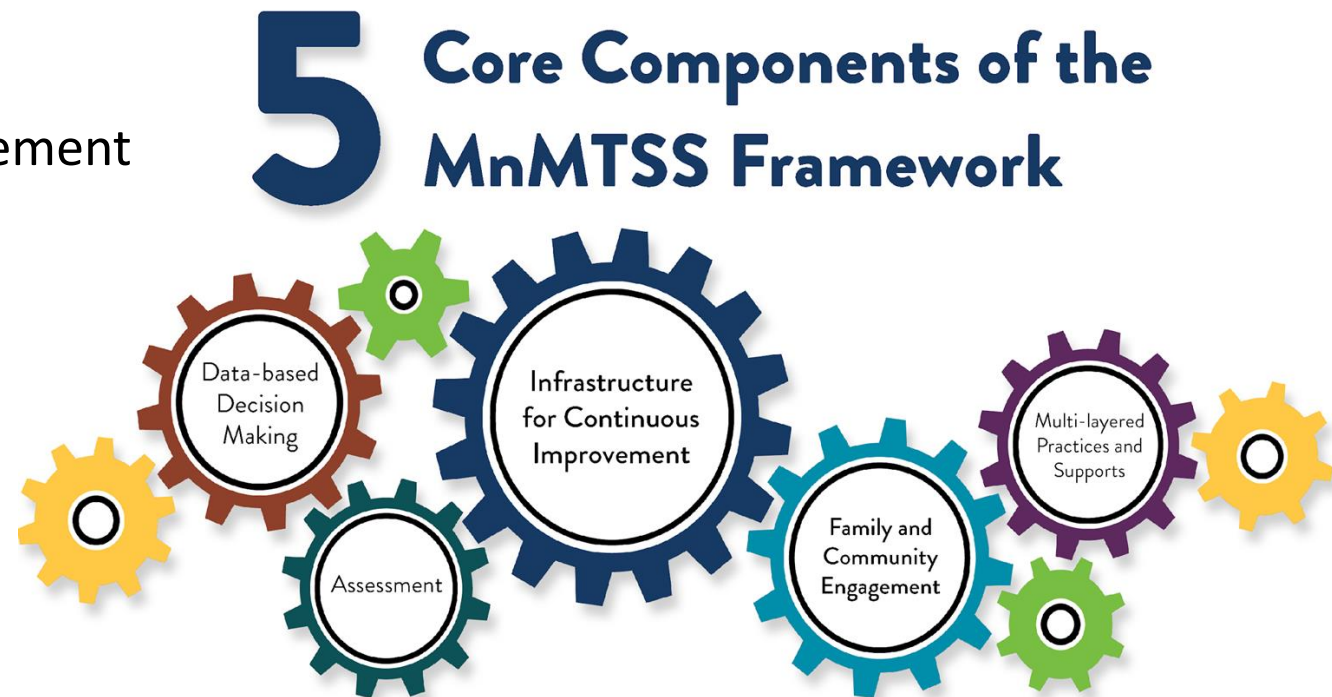
- MDE Proposal for Statewide MTSS
- CCSSO/CASEL grant to build upon existing work and develop statewide MTSS guidance that supports the whole child
- Supported by Executive Leadership at MDE
- Encouraged by voices across Minnesota
 - External Task Force developed the definition and identified needs
- Technical assistance from the federally funded Wisconsin-Minnesota Comprehensive Center (WMCC) located in the University of Minnesota's Center for Applied Research and Educational Improvement (CAREI)

Minnesota MnMTSS Definition

- MnMTSS is a systemic, continuous improvement framework for ensuring positive social, emotional, behavioral, developmental, and academic outcomes for every student.
- MnMTSS provides access to layered tiers of culturally and linguistically responsive, evidence-based practices and relies on the understanding and belief that every student can learn and thrive.
- In addition, it engages an anti-bias and socially just approach to examining policies and practices and ensuring equitable distribution of resources and opportunity.

MnMTSS Framework

- The organizational structures and operating processes that ensure equity and the desired outcome of public education.
- Describes the optimum functioning of this system.
- Five Core Components:
 - Infrastructure for Continuous Improvement
 - Family and Community Engagement
 - Multilayered Practices and Support
 - Assessment
 - Data-Based Decision Making



Governor's Supplemental Budget Proposals

Strategy: Funding to Schools for Support Personnel

- Goal: Fund up to 370 additional school-based student support personnel
 - Includes nurses, counselors, social workers, school psychologists, and chemical dependency counselors.
- Aid to Schools
 - Each school district participating in the support personnel program would receive \$22 per student enrolled on October 1 of the prior school year or \$35,000, whichever is greater.
 - Intermediate school districts and other cooperatives enrolling students would receive \$6 per student enrolled in member districts on October 1 of the prior school year.

Support Personnel: Sustainable Funding to Schools

- There is more work to do in this area:
 - Procedures for Medicaid billing of school-based community (non-IEP) services have been established. MDE and DHS have coordinated to support piloting this billing with LEA's and will be funding 1.0 FTE at DHS to continue expanding this to more school sites across Minnesota.

Strategy: Workforce Development

- Goals:

- Workforce development strategies to increase student support staff of color
- Re-specialization for psychologists and counselors to school licensure
- Recruitment: address challenges licensure process for school support professionals
- Retention: supervision hours, loan forgiveness

- Interagency agreements to state agencies, higher education institutions, state student support personnel associations, and mental health providers to:

- Provide scholarships and loan forgiveness
- Expand access to cultural competency training for providers
- Expand the Diversity Social Work Advancement and Pathways Programs to increase workforce diversity and retention

Strategy: Workforce Development

- There is more that can be done to increase the workforce:
 - Increase the number of graduates from MN based mental health-related programs
 - Provide funding or reimbursement for clinical supervision hours
 - Address dual licensure challenges for school based staff
 - Consider 'Grow Your Own' programs for support staff

Strategy: School Linked Behavioral Health Pilot

- Goals: to expand the ability to provide reimbursement for supervision hours in pilot sites as well dedicated funding to provide staff supports through school-linked behavioral health (SLBH).

- Interagency agreement with DHS to expand the existing SLBH grant program to continue a pilot program allowing for reimbursement of the costs to provide clinical supervision to mental health practitioners and recruitment efforts.

Goal: Expand MDE and Regional capacity and provide grants to districts to implement MnMTSS

- Continuation of Legislative allocation for LETRS Training focusing on Tier I core instruction based in the Science of Reading
- Expand Building Assets, Reducing Risks (BARR) Center work across Minnesota
- Offer Tribal Relations Training to staff engaged in supporting districts in MnMTSS
- Maintain partnership with University of Minnesota Center for Applied Research and Educational Improvement (CAREI) to support implementation and evaluation of MnMTSS Framework.

Additional Efforts to Support Educator Wellbeing

- MDE continues to provide free resources, but educators often have to seek them out and complete them on their own time
 - **SEL Learning Modules:** 16 hours of group or self-paced educator learning modules with reflection, assessment and continuing education credit exist on MDE website and have been nationally recognized.
 - **Mental Health Modules:** MDE is in the process of adding 3 hours of group or self-paced modules on our website.
- Partnership with PELSB to consider Teacher Standards of Effective Practice revision to include adult social emotional competencies

Thank you

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